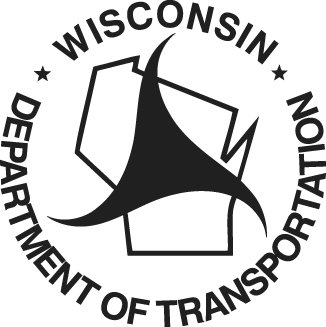
**WISCONSIN RIDESHARE REGISTRATION**

Wisconsin Department of Transportation

DT1200 4/2021

|  |  |
| --- | --- |
| **Please complete, print and mail, email or fax to:**  Wisconsin Rideshare  PO Box 798  Waukesha, WI 53187-0798 | Email: [RIDESHARE@dot.wi.gov](mailto:RIDESHARE@dot.wi.gov)  Telephone: (262) 521-5454  FAX: (262) 521-4425 |

**NAME / ORIGIN**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name | First Name | | | Home Address\* | | | Apartment Number |
| City | | | County | | | State | ZIP Code |
| *If trip origin is different from home address, complete below* | | | | | | | |
| Origin Address (If Different from Home) | | Apartment Number | | | City | State | ZIP Code |

**DESTINATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student  Yes  No | Employer / School | | Address | | Suite / Department |
| City | | County | | State | ZIP Code |

**WORK / SCHOOL HOURS**

|  |  |
| --- | --- |
| Start Time Minutes of Flexibility  a.m.  p.m. | End Time Minutes of Flexibility  a.m.  p.m. |

**PROFILE PREFERENCES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Current Transportation Mode For This Trip  Drive Alone  Carpool  Vanpool  Transit  Bicycle  Walk | | | | | | I Have a Vehicle  Yes  No |
| Gender  Male  Female | | | Match Only With Same Gender  Yes  No | I am a Smoker  Yes  No | | Avoid Smokers When Matching  Yes  No |
| Carpool Interest?  Yes  No | If Yes, Interested as  Driver  Rider  Either | | | | | |
| Vanpool Interest?  Yes  No | If Yes, Interested as  Driver  Rider  Either | | | | | |
| Bike Buddy Interest?  Yes  No | | Bicycle Skill Level  Novice  Experienced | | | Prefer to Be Matched With  Novice  Experienced  Either | |

**CONTACT INFORMATION –** *Please provide at least two contacts. An email is required for online contact.*

|  |  |  |
| --- | --- | --- |
| (Area Code) Home Telephone Number\* | (Area Code) Cell Telephone Number | |
| (Area Code) Work or School Telephone Number and Extension        Extension: | Email Address | |
| The **Wisconsin Rideshare** program allows potential partners to contact each other via text messaging. Users must agree to receive text messages, be responsible for text message charges, provide a cell phone number and identify a service provider so that messages can be properly routed. | | Permission to Send / Receive Text Messages?  Yes  No  Name of Cell Phone Provider\* |
| How did you hear about this program? | | |
| Additional Information or Comments | | |

\*Home address, home telephone and cell phone provider are used for internal purposes and will not appear on matchlists.

Thank you for your interest in the **Wisconsin Rideshare** program.

Matchlists will be mailed or emailed if an email address is provided.

If you have Internet access, you may check for new matches at anytime through: <http://wisconsindot.gov/Pages/travel/road/rideshare/default.aspx>.